

Collection Center Register  
From :- 10-Jan-2011 To :- 10-Jan-2011

Date	Patient Name	Routine	Special	Concession	Other	Total	Amount	Balance	Remarks
Lab No	Doctor	Tests	Tests		Charges		Paid		
Center Name :- LAB									
10/01/2011	Ketan Chauvan	20,250.00	450.00	0.00	0.00	20700.00	100.00	20600.00	
2	YOJANA GOKHALE								
10/01/2011	abc	130.00	0.00	50.00	0.00	180.00	50.00	130.00	
1	Ramsharan								
		20380.00	450.00	50.00	0.00	20880.00	150.00	20730.00	
		20380.00	450.00	50.00	0.00	20880.00	150.00	20730.00	